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TRANSMITTAL  
FORM

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Total Number of Pages in This Submission

Application Number	10/040,401
Filing Date	01/098/2002
First Named Inventor	R. William Mengel
Art Unit	1764
Examiner Name	A. Doroshenk
Total Number of Pages in This Submission	30
Attorney Docket Number	C04/02

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Roland H. Shubert

Signature



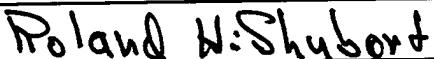
Date

November 13, 2003

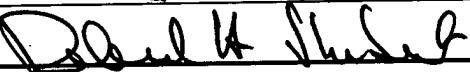
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13 Nov 2003

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<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		<b>Complete if Known</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"><i>10/040,401</i></td> </tr> <tr> <td>Filing Date</td> <td><i>01/09/2002</i></td> </tr> <tr> <td>First Named Inventor</td> <td><i>R. William Mongal</i></td> </tr> <tr> <td>Examiner Name</td> <td><i>A. Doroshenk</i></td> </tr> <tr> <td>Art Unit</td> <td><i>176 y</i></td> </tr> <tr> <td>Attorney Docket No.</td> <td><i>504/02</i></td> </tr> </table>		Application Number	<i>10/040,401</i>	Filing Date	<i>01/09/2002</i>	First Named Inventor	<i>R. William Mongal</i>	Examiner Name	<i>A. Doroshenk</i>	Art Unit	<i>176 y</i>	Attorney Docket No.	<i>504/02</i>													
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<span style="font-size: 2em; font-weight: bold; color: red;">RECEIVED</span> <small>NOV 12 2003</small> <small>TECH CENTER 1600 2900</small>																										
<b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> <i>55.00</i>		<b>FEE CALCULATION</b> (continued)																										
<b>METHOD OF PAYMENT</b> (check all that apply) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input checked="" type="checkbox"/> Check</td> <td style="width: 50%;"><input type="checkbox"/> Credit card</td> </tr> <tr> <td><input type="checkbox"/> Money Order</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> None</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Deposit Account:</td> </tr> <tr> <td colspan="2">Deposit Account Number</td> </tr> <tr> <td colspan="2">Deposit Account Name</td> </tr> </table> <p>The Director is authorized to: (check all that apply)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Charge fee(s) indicated below</td> <td style="width: 50%;"><input type="checkbox"/> Credit any overpayments</td> </tr> <tr> <td><input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</td> </tr> </table>				<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None		<input type="checkbox"/> Deposit Account:		Deposit Account Number		Deposit Account Name		<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Credit any overpayments	<input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.								
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<small>Other fee (specify) _____</small> <small>*Reduced by Basic Filing Fee Paid</small> <b>SUBTOTAL (3)</b> <b>(\$)</b> <i>55</i> <small>(Complete if applicable)</small>																												

**SUBMITTED BY**

<b>Name (Print/Type)</b>	<i>Roland W. Shubert</i>	<b>Registration No. (Attorney/Agent)</b>	<i>27,639</i>
<b>Signature</b>	<i>Roland W. Shubert</i>		
			<b>Telephone</b> <i>703-435-4141</i>
			<b>Date</b> <i>13 Nov 2003</i>

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